

Maryland Kids in Safety Seats* Loaner Program Quarterly Report

Organization running program _____
 Loaner Program Coordinator _____
 Site Address _____
 Phone _____ Fax _____

Please report on activities for the following quarter: October-December 2006

	Infant	Convertible	Booster w/ Harness	Booster w/o Harness	Special Needs
# seats loaned					
# seats returned					
Of seats returned, # can be loaned again					

If some seats must be destroyed, please indicate why: (circle all that apply)

- a) seat in a crash d) unusable
 b) missing parts e) other
 c) too old (*Safety seat manufacturers recommend that seats be destroyed and replaced after 5 years.*)

	Infant	Convertible	Booster w/ Harness	Booster w/o Harness	Special Needs
# seats in stock (include new and returned/reusable)					
# of people on waiting list					

During this quarter:

Did you purchase replacement parts? (*If no, please go to the next question*)

If yes, please specify quantity, type of part(s), and amount paid:

Did you purchase or receive any new seats? (*If no, please go to the next question*)

If yes, specify quantity, type of seat(s), amount paid, source of funds, and where seats

were purchased: _____

Do you loan seats only to those with proof of financial need? YES NO

If No: What evidence do you require? _____ If Yes:

Please estimate the percentage of borrowers with low or no incomes. _____ ***Loaner seats are primarily for individuals who otherwise could not afford to purchase a seat.**

Estimate the amount of revenue generated from rental fees collected. _____

*** It is strongly recommended that loaner sites charge a rental fee. It encourages borrowers to return the seat and the revenue can be used towards the purchase of new seats or parts.**

What activities other than lending seats (i.e. training, health fairs, seat checks, etc.) did you participate in or conduct? _____

Comments: _____

Name of person completing form _____

Thank You